



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL

City of Hospital: Tipton

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$22415413 |
| Outpatient Patient Service Revenue | \$95690822 |
| Total Gross Patient Service Revenue | \$118106235 |

2. Deductions From Revenue

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|-----------------------|------------|
| Contractual Allowance | \$72173077 |
| Other Deductions | \$-1878374 |
| Total Deductions | \$70294703 |

3. Total Operating Revenue

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|-----------------------------|------------|
| Net Patient Service Revenue | \$47811532 |
| Other Operating Revenue | \$1183505 |
| Total Operating Revenue | \$48995037 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$11966827 | Employee Benefits | \$2889767 |
| Depreciation and Amortization | \$1486505 | Interest Expense | \$658849 |
| Bad Debt | \$1617420 | Other Expenses | \$24888832 |
| Total Operating Expenses | \$43508200 | | |

5. Net Revenue and Expenses

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|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses | \$5486837 | Total Assets | \$76032857 |
| Net Non-operating Gains over Loss | \$977260 | Total Liabilities | \$76032857 |

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|-----------------|-----------|
| Total Net Gains | \$6464097 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$66409063 | \$42762330 | \$23646733 |
| Medicaid | \$18419060 | \$14197211 | \$4221849 |
| Other Government | \$730917 | \$559277 | \$171640 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$32547195 | \$14393305 | \$18153890 |
| Total | \$118106235 | \$71912123 | \$46194112 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$176869 | \$-176869 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$78878 | \$-78878 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | 10 |

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| Statement Six: Charity Statement |
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|--------------------------|-----------|
| Hospital Charity Charges | \$1001688 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$349389 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$349389 | \$-349389 |
| Medicaid Shortfalls | \$4272289 | \$7586417 | |
| Subtotal | \$4272289 | \$7935806 | \$-3663517 |
| DSH Payments | \$0 | | |
| Subtotal | \$4272289 | \$7935806 | \$-3663517 |
| Medicare Shortfalls | \$15603086 | \$15256009 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$19875375 | \$23191815 | \$-3316440 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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